

EXHIBIT A

Respectfully submitted,

By: /s/ Amanda Sotak

Amanda Sotak

State Bar No. 24037530

Southern District Bar No. 33899

amanda.sotak@figdav.com

Amber D. Reece

State Bar No. 24079892

Federal ID No. 2695252

amber.reece@figdav.com

FIGARI + DAVENPORT, L.L.P.

901 Main Street, Suite 3400

Dallas, Texas 75202

Telephone: (214) 939-2000

Facsimile: (214) 939-2090

**ATTORNEYS FOR DEFENDANT
MASSACHUSETTS MUTUAL LIFE
INSURANCE COMPANY**

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing document has been served on Plaintiff's counsel of record, via the Court's e-filing system and via certified mail, return receipt requested on February 10, 2017.

/s/ Amanda Sotak

Amanda Sotak

Filed
7/27/2016 2:06:45 PM
Anne Lorentzen
District Clerk
Nueces County, Texas

NUECES COUNTY PROCESS REQUEST SHEET

901 LEOPARD STREET ROOM 313 / CORPUS CHRISTI, TEXAS 78401
PHONE # 361-888-0450 / FAX # 361-888-0424

FOR EACH PARTY SERVED YOU MUST FURNISH ONE (1) COPY OF THE PLEADING.

CAUSE NUMBER: 2016CCV-61757-2
DATE OF REQUEST: _____

CURRENT COURT: _____
AMOUNT PAID: _____

SERVICE WILL ONLY BE ISSUED UPON PAYMENT OF COST!

TYPE OF SERVICE/PROCESS TO BE ISSUED

Certified MAIL ON REGISTERED Agent

NAME OF DOCUMENT/PLEADING TO BE SERVED

Plaintiff's ORIGINAL Petition

SERVICE BY:

☐ ATTORNEY FOR PICK UP ☐ ATTORNEY RETURN BY MAIL ☐ CONSTABLE / SHERIFF ☐ NO SERVICE
☐ CIVIL PROCESS SERVER:

AUTHORIZED PERSON: _____ PHONE: _____

☒ CERTIFIED MAIL ☐ RESTRICTED DELIVERY

☐ COURTHOUSE POSTING # OF DAYS TO BE POSTED: _____

BRIEF STATEMENT OF SUIT (USE REVERSE SIDE)

☐ PUBLICATION

NAME OF PUBLICATION: _____

OF DAYS TO BE PUBLISHED: _____

BRIEF STATEMENT OF SUIT (USE REVERSE SIDE)

PARTY/PARTIES TO BE SERVED:

[1] NAME/AGENT See Text
ADDRESS See Text

[2] NAME/AGENT _____
ADDRESS _____

ATTORNEY OR PARTY REQUESTING ISSUANCE OF PROCESS;

NAME David Klein ATTORNEY BAR # 24007497
MAILING ADDRESS PO Box 2446 Corpus Christi TX 78403
PHONE # (361) 815 0053 FAX # (361) 882-0803
ATTORNEY REPRESENTS: PLAINTIFF ☒ DEFENDANT _____ OTHER _____

CIVIL CASE INFORMATION SHEET 2016CCV-61757-2

CAUSE NUMBER (FOR CLERK USE ONLY):

COURT (FOR CLERK USE ONLY):

Filed
7/27/2016 2:06:45 PM
Anne Lorentzen
District Clerk
Nueces County, Texas

STYLED

(e.g., John Smith v. All American Insurance Co.; In re Mary Ann Jones; In the Matter of the Estate of George Jackson)

A civil case information sheet must be completed and submitted when an original petition or application is filed to initiate a new civil, family law, probate, or mental health case or when a post-judgment petition for modification or motion for enforcement is filed in a family law case. The information should be the best available at the time of filing.

1. Contact information for person completing case information sheet: Name: <u>David Klein</u> Email: <u>kleinlaw@att.net</u> Address: <u>PO Box 2446</u> Telephone: <u>(361) 885-0053</u> City/State/Zip: <u>Corpus Christi, TX 78403</u> Fax: <u>(361) 882-0803</u> Signature: <u>[Signature]</u> State Bar No: <u>24007497</u>		Names of parties in case: Plaintiff(s)/Petitioner(s): <u>Beverly Tucker</u> Defendant(s)/Respondent(s): <u>MASSACHUSETTS Mutual Life Insurance Company</u> (Attach additional page as necessary to list all parties)		Person or entity completing sheet is: <input type="checkbox"/> Attorney for Plaintiff/Petitioner <input type="checkbox"/> Pro Se Plaintiff/Petitioner <input type="checkbox"/> Title IV-D Agency <input type="checkbox"/> Other: _____ Additional Parties in Child Support Case: Custodial Parent: _____ Non-Custodial Parent: _____ Presumed Father: _____	
2. Indicate case type, or identify the most important issue in the case (select only 1):					
Civil			Family Law		
Contract <input type="checkbox"/> Debt/Contract <input type="checkbox"/> Consumer/DTPA <input type="checkbox"/> Debt/Contract <input type="checkbox"/> Fraud/Misrepresentation <input type="checkbox"/> Other Debt/Contract: Foreclosure <input type="checkbox"/> Home Equity—Expedited <input type="checkbox"/> Other Foreclosure <input type="checkbox"/> Franchise <input checked="" type="checkbox"/> Insurance <input type="checkbox"/> Landlord/Tenant <input type="checkbox"/> Non-Competition <input type="checkbox"/> Partnership <input type="checkbox"/> Other Contract:	Injury or Damage <input type="checkbox"/> Assault/Battery <input type="checkbox"/> Construction <input type="checkbox"/> Defamation Malpractice <input type="checkbox"/> Accounting <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Other Professional Liability: <input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Premises Product Liability <input type="checkbox"/> Asbestos/Silica <input type="checkbox"/> Other Product Liability List Product: _____ <input type="checkbox"/> Other Injury or Damage:	Real Property <input type="checkbox"/> Eminent Domain/Condemnation <input type="checkbox"/> Partition <input type="checkbox"/> Quiet Title <input type="checkbox"/> Trespass to Try Title <input type="checkbox"/> Other Property: Related to Criminal Matters <input type="checkbox"/> Expunction <input type="checkbox"/> Judgment Nisi <input type="checkbox"/> Non-Disclosure <input type="checkbox"/> Seizure/Forfeiture <input type="checkbox"/> Writ of Habeas Corpus—Pre-indictment <input type="checkbox"/> Other:	Marriage Relationship <input type="checkbox"/> Annulment <input type="checkbox"/> Declare Marriage Void Divorce <input type="checkbox"/> With Children <input type="checkbox"/> No Children Other Family Law <input type="checkbox"/> Enforce Foreign Judgment <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Name Change <input type="checkbox"/> Protective Order <input type="checkbox"/> Removal of Disabilities of Minority <input type="checkbox"/> Other:	Post-judgment Actions (non-Title IV-D) <input type="checkbox"/> Enforcement <input type="checkbox"/> Modification—Custody <input type="checkbox"/> Modification—Other Title IV-D <input type="checkbox"/> Enforcement/Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Reciprocity (UIFSA) <input type="checkbox"/> Support Order Parent-Child Relationship <input type="checkbox"/> Adoption/Adoption with Termination <input type="checkbox"/> Child Protection <input type="checkbox"/> Child Support <input type="checkbox"/> Custody or Visitation <input type="checkbox"/> Gestational Parenting <input type="checkbox"/> Grandparent Access <input type="checkbox"/> Parentage/Paternity <input type="checkbox"/> Termination of Parental Rights <input type="checkbox"/> Other Parent-Child:	
Employment <input type="checkbox"/> Discrimination <input type="checkbox"/> Retaliation <input type="checkbox"/> Termination <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Other Employment:		Other Civil <input type="checkbox"/> Administrative Appeal <input type="checkbox"/> Antitrust/Unfair Competition <input type="checkbox"/> Code Violations <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Intellectual Property <input type="checkbox"/> Lawyer Discipline <input type="checkbox"/> Perpetuate Testimony <input type="checkbox"/> Securities/Stock <input type="checkbox"/> Tortious Interference <input type="checkbox"/> Other:			
Tax <input type="checkbox"/> Tax Appraisal <input type="checkbox"/> Tax Delinquency <input type="checkbox"/> Other Tax:		Probate & Mental Health Probate/Wills/Intestate Administration <input type="checkbox"/> Dependent Administration <input type="checkbox"/> Independent Administration <input type="checkbox"/> Other Estate Proceedings <input type="checkbox"/> Guardianship—Adult <input type="checkbox"/> Guardianship—Minor <input type="checkbox"/> Mental Health <input type="checkbox"/> Other:			
3. Indicate procedure or remedy, if applicable (may select more than 1):					
<input type="checkbox"/> Appeal from Municipal or Justice Court <input type="checkbox"/> Arbitration-related <input type="checkbox"/> Attachment <input type="checkbox"/> Bill of Review <input type="checkbox"/> Certiorari <input type="checkbox"/> Class Action		<input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Garnishment <input type="checkbox"/> Interpleader <input type="checkbox"/> License <input type="checkbox"/> Mandamus <input type="checkbox"/> Post-judgment		<input type="checkbox"/> Prejudgment Remedy <input type="checkbox"/> Protective Order <input type="checkbox"/> Receiver <input type="checkbox"/> Sequestration <input type="checkbox"/> Temporary Restraining Order/Injunction <input type="checkbox"/> Turnover	
4. Indicate damages sought (do not select if it is a family law case):					
<input type="checkbox"/> Less than \$100,000, including damages of any kind, penalties, costs, expenses, pre-judgment interest, and attorney fees <input type="checkbox"/> Less than \$100,000 and non-monetary relief <input checked="" type="checkbox"/> Over \$100,000 but not more than \$200,000 <input type="checkbox"/> Over \$200,000 but not more than \$1,000,000 <input type="checkbox"/> Over \$1,000,000					

Filed
7/27/2016 2:06:45 PM
Anne Lorentzen
District Clerk
Nueces County, Texas

NO. 2016CCV-61757-2

BEVERLY TUCKER	§	IN THE COUNTY COURT
PLAINTIFF	§	
	§	
v.	§	AT LAW NO. _____
	§	
MASSACHUSETTS MUTUAL LIFE	§	
INSURANCE COMPANY	§	NUECES COUNTY, TEXAS

PLAINTIFF'S ORIGINAL PETITION

TO THE HONORABLE JUDGE OF SAID COURT:

COMES NOW, Plaintiff Beverly Tucker, who makes and files her Plaintiff's Original Petition, and as complaint against the Defendant Massachusetts Mutual Life Insurance Company, would respectfully show unto the Court and jury as follows:

JURISDICTION AND VENUE

1. This Court has subject matter jurisdiction over this suit as the claims made herein fall within the subject matter jurisdiction of this Court.
2. The Court has personal jurisdiction over the parties to this action as a result of Defendant's wrongful acts, complained of herein, which proximately caused actual damages to Plaintiff.
3. Venue is proper in this county because all or a substantial part of the events giving rise to the claim arose in this county.

PARTIES

4. Plaintiff Beverly Tucker (hereinafter referred to as "Plaintiff"), is an individual residing in the State of Texas and in Nueces County .
5. Defendant Massachusetts Mutual Life Insurance Company (hereinafter referred to as "Defendant"), upon information and belief, is a foreign corporation that may be served with process by serving its registered agent, Corporate Creations

Network, Inc., 4265 San Felipe Street, Suite 1100, Houston, Texas 77027-2998. Plaintiff requests that citation be prepared and Defendant be served by certified mail through its registered agent.

COUNT I
BREACH OF CONTRACT

6. Plaintiff hereby incorporates by reference all of the allegations contained in paragraphs 1-5, inclusive, as if set forth herein verbatim.
7. Plaintiff submitted an application for disability benefits to be provided through Defendant. Defendant accepted her application and issued policy number 8.764.926, (hereinafter referred to as the "Policy"). Plaintiff paid her monthly premiums, which were accepted by Defendant. According to the terms of the Policy, Defendant agreed to provide monthly disability benefits to Plaintiff in the event she became disabled, as defined in the Policy. The Policy provides a monthly benefit to Plaintiff in the amount of \$4,250.00.
8. Defendant is disabled. On or about August 15, 2015, she submitted the necessary medical forms to Defendant to document her disability and has also submitted the necessary notice of claim form.
9. Defendant also submitted to an interview on or about March 3, 2016 with an SIU field investigator, at Defendant's request. At the conclusion of the interview, the SIU investigator indicated he did not see any reason why the disability benefits would be held up any longer and thought that Defendant would begin to pay the benefits shortly.
10. Despite being provided with the medical documentation of her disability and submitting to an interview with Defendant's SIU investigator, Defendant has failed

and refused to pay the disability benefits due Plaintiff pursuant to the terms of the Policy issued by Defendant.

11. By reason of Defendant's failure to pay Plaintiff's properly presented claim, Defendant breached the contract between Plaintiff and Defendant, i.e. the Policy, and caused actual damages to Plaintiff. Plaintiff is additionally entitled to an award of damages as described below.

COUNT II
BAD FAITH

12. Plaintiff incorporates herein paragraphs 1-11 the same as if repeated herein verbatim.
13. Plaintiff is the beneficiary of Policy. A valid insurance contract existed, which created the duty of good faith and fair dealing on the part of Defendant. Defendant breached its duty of good faith and fair dealing by denying the payment of Plaintiff's timely presented claim when it was clear the claim was valid.
14. No reasonable basis existed for Defendant to delay and/or deny Plaintiff's claim, when Defendants knew the validity of the claim.
15. Plaintiff is disabled, and the medical documentation has been presented to Defendant to establish that fact.
16. Defendant's breach of the duty of good faith and fair dealing, proximately caused the damages complained of herein by Plaintiff, which include but are not limited to: the value of the insurance policy, interest on the policy proceeds, exemplary damages, costs and attorney fees.

COUT III
DECEPTIVE TRADE PRACTICE ACT VIOLATIONS

17. Plaintiff incorporates by reference herein paragraphs 1-16 the same as if set

forth verbatim.

18. Section 17.50(a)(1) of the DTPA creates a cause of action for a consumer who has sustained actual damages due to “the use of or employment by any person of a false, misleading, or deceptive act or practice that is specifically enumerated in a subdivision of Subsection (b) of Section 17.46 of this subchapter and is relied on by a consumer to the consumer’s detriment.”
19. At all times relevant to this lawsuit, Plaintiff was a “consumer” of Defendant, as that term is defined in DTPA §17.45(4).
20. The acts, practices and conduct of Defendant, as outlined herein, constitute those types of false, misleading, deceptive or unconscionable acts or practices in the conduct of a trade or commerce as declared unlawful under Sections 17.46 and 17.50 of the DTPA.
21. Plaintiff asserts that Defendant violated the following provisions, among others, alternatively, or in any combination thereof, of DTPA §17.46(b):
 - a. §17.46(b)(2) — regarding causing confusion or misunderstanding as to the source, sponsorship, approval or certification of goods or services;
 - b. §17.46(b)(3) — regarding causing confusion or misunderstanding as to the affiliation, connection or association with, or certification by, another;
 - c. §17.46(b)(5) — regarding representing that goods or services have sponsorship, approval, characteristics, ingredients, uses, benefits or quantities which they do not have, or that a person has a sponsorship, approval, status, affiliation or connection which he does not have;
 - d. §17.46(b)(7) — regarding representing that the goods or services are of a particular standard, quality, or grade, or that the goods are of a particular style or model, if they are of another;
 - e. §17.46(b)(9) — regarding advertising goods or services with the intent not to sell them as advertised;

- f. §17.46(b)(12) — regarding representing that an agreement confers or involves rights, remedies or obligations which it does not have or involve, or which are prohibited by law; and
 - g. §17.46(b)(23) — regarding failing to disclose to Plaintiff information concerning goods or services which was known by Defendants at the time of the transaction, with the intent to induce Plaintiff into a transaction which Plaintiff would not have entered if the information had been disclosed.
29. Plaintiff asserts that Defendants' acts, practices and conduct, as outlined herein, constitute unconscionable actions or an unconscionable course of action pursuant to DTPA sections 17.45(5) and 17.50(a)(3), among other provisions. Such conduct has been the actual, proximate and/or producing cause of the general and/or special damages sustained by Plaintiff.
30. In addition to Plaintiff's actual damages, as set forth herein, Plaintiff is entitled, as a matter of law, to two (2) times that portion of the actual damages which does not exceed One Thousand and No/100 Dollars (\$1,000.00), in this case the sum of Two Thousand and No/100 Dollars (\$2,000.00), pursuant to DTPA §17.50(b)(1).
31. Plaintiff also asserts that Defendant's acts, practices and conduct complained of in this lawsuit were committed "knowingly," as that term is defined in DTPA §17.45(9). Accordingly, DTPA §17.50(b)(1) entitles Plaintiff, as a matter of law, to receive, and Plaintiff seeks, three (3) times the amount of Plaintiff's actual damages in excess of One Thousand and No/100 Dollars (\$1,000.00) sustained as a result of Defendants' acts, practices and conduct in violation of the DTPA.

COUNT IV

INSURANCE CODE VIOLATIONS

32. Plaintiff incorporates by reference paragraphs 1-31 herein the same as if set forth verbatim.
33. Defendant knowingly and intentionally made misrepresentations to Plaintiff regarding the terms of the Policy, the benefits promised by the policy, leaving out material facts so that other statements are rendered misleading, and making a statement in such a way so as to lead reasonably prudent person to a false conclusion about a material fact.
34. Defendant further engaged in unfair settlement practices by misrepresenting material facts or policy provisions, not attempting in good faith to bring about a prompt, fair, and equitable settlement of a claim once the insurer's liability became clear, not giving a reasonable explanation for the insurer's denial of a claim, and not affirming or denying coverage within a reasonable time.
34. Because of Defendant's violations of the Texas Insurance Code, Plaintiff is entitled to recover the face amount of the Policy at issue, exemplary damages, attorneys fees, and costs.

WHEREFORE, PREMISES CONSIDERED, Plaintiff Beverly Tucker, respectfully prays that judgment be entered against Defendant Massachusetts Mutual Life Insurance Company on each count as prayed for hereinabove.

Respectfully submitted,

/s/ David Klein

David Klein

State Bar No. 24007497

PO Box 2446

Corpus Christi, Texas 78403

(361) 815-0053 Telephone

(361) 882-0803 Facsimile

kleinlaw@att.net

ATTORNEY FOR PLAINTIFF

ANNE LORENTZEN
DISTRICT CLERK



Certificate of
Return of Service

DISTRICT COURTS / COUNTY COURTS AT LAW

901 LEOPARD STREET, ROOM 313

CORPUS CHRISTI, TEXAS 78401

361 888-0450 Fax 888-0571

Cause Number 2016CCV-61757-2

Style: Beverly Tucker

vs.

Massachusetts Mutual Life Insurance Company

Pursuant to the Texas Rules of Civil Procedure, the undersigned certifies this cause.
Service was issued:

To: Massachusetts Mutual Life Insurance Company

By Serving Its Registered Agent
Corporate Creations Network Inc
4265 San Felipe Street Suite 1100
Houston Tx 77027-2998

On (Date Issued) 08/10/2016

and served on:

or returned unserved 09/28/2016

By Certified or Registered Mail. The returned receipt is attached to this form and was filed in
this office on: 9/28/2016



ANNE LORENTZEN, DISTRICT CLERK
NUECES COUNTY, TEXAS
901 LEOPARD STREET, ROOM 313
CORPUS CHRISTI, TEXAS 78401

BY: Yvonne N. Garcia, Deputy
Yvonne N. Garcia

Date 9/28/2016

COPY

Citation for Personal Service –RESIDENT

Case Number: **2016CCV-61757-2**

THE STATE OF TEXAS

NOTICE TO DEFENDANT: You have been sued. You may employ an attorney. If you or your attorney do not file a written answer with the clerk who issued this citation by 10:00 a.m. on the Monday next following the expiration of twenty days after you were served this citation and petition, a default judgment may be taken against you.

TO: **Massachusetts Mutual Life Insurance Company**
By Through Its Agent: Corporate Creations Network Inc.
4265 San Felipe Street Suite 1100
Houston Tx 77027-2998
the Defendant,

GREETING: You are commanded to appear by filing a written answer to the **Plaintiff's Original Petition & Civil Case Information Sheet**; at or before 10:00 o'clock a.m. of the Monday next after the expiration of 20 days after the date of service of this citation before the **Honorable Lisa Gonzales, County Court at Law #2** of Nueces County, Texas at the Courthouse of said County in Corpus Christi, Texas. Said Petition was filed on the 27th day of July, 2016. A copy of same accompanies this citation.

The file number of said suit being Number: **2016CCV-61757-2**

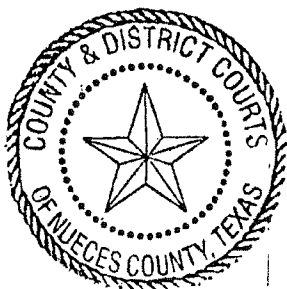
The style of the case is: **Beverly Tucker vs. Massachusetts Mutual Life Insurance Company**

Said Petition was filed in said court by **David Klein**, attorney for Plaintiff, whose address is PO Box 2446 Corpus Christi Tx 78403 .

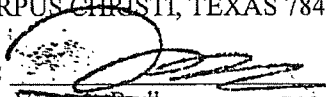
The nature of the demand is fully shown by a true and correct copy of the Petition accompanying this citation and made a part hereof.

The officer executing this writ shall promptly mail the same according to requirement of law, and the mandates thereof, and make due return as the law directs.

Issued and given under my hand and seal of said court at Corpus Christi, Texas, this 8th day of December, 2016.



ANNE LORENTZEN, DISTRICT CLERK
NUECES COUNTY, TEXAS
901 LEOPARD STREET, ROOM 313
CORPUS CHRISTI, TEXAS 78401

BY:  Deputy
Victoria Radke

RETURN OF SERVICE

2016CCV-61757-2

BEVERLY TUCKER

COUNTY COURT AT LAW #2

VS.

MASSACHUSETTS MUTUAL LIFE
INSURANCE COMPANY

Name _____

ADDRESS FOR SERVICEMassachusetts Mutual Life Insurance Company
By Through its Agent: Corporate Creations Network Inc.
4265 San Felipe Street Suite 1100
Houston TX 77027-2998**OFFICER'S OR AUTHORIZED PERSON'S RETURN**

Came to hand on the _____ day of _____, 20____, at _____ o'clock ____ m., and executed in _____ County, Texas by delivering to the within named defendant in person, a true copy of this citation with the date of delivery endorsed thereon, together with the accompanying copy of the _____, at the following times and places, to-wit:

NAME	DATE/TIME	PLACE, COURSE & DISTANCE FROM COURTHOUSE
And not executed as to the defendant(s), _____		
The diligence used in finding said defendant(s) being: _____		
and the cause of failure to execute this process is: _____		
and the information received as to the whereabouts of said defendant(s) being: _____		
Fees:	_____	Officer
Serving Petition and Copy \$ _____	_____	County, Texas
Total \$ _____	By _____	Deputy

COMPLETE IF YOU ARE A PERSON OTHER THAN A SHERIFF, CONSTABLE, OR CLERK OF THE COURT.

In accordance with Rule 107: The officer or authorized person who serves, or attempts to serve, a citation shall sign the return. The signature is not required to be verified. If the return is signed by a person other than a sheriff, constable, or the clerk of the court, the return shall be signed under penalty of perjury and contain the following statement:

"My name is _____, my date of birth is _____, and my
(First, Middle, Last)

address is _____
(Street, City, State, Zip, Country)

I DECLARE UNDER PENALTY OF PERJURY THAT THE FORGOING IS TRUE AND CORRECT.

Executed in _____ County, State of _____, on the _____ day of
of _____, 20____.

Declarant / Authorized Process Server

ID# & Expiration of Certification

Alan Rosen
Constable, Precinct #1
1302 Preston
Houston, TX 77002
713-755-5200

01/09/17 DAVID JAY KLEIN, ATTY AT LAW

C1103886

GC

75.00

CH 2016CCV617572 CITATION
CIT-BEVERLY VS MASSACHUSETTS

10030101530315

75.00

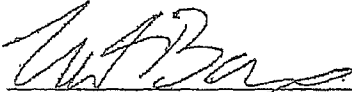
SIVORY

BATCH ID: L301SI1S

AFFIDAVIT

I, Trent Bavaro, Vice President & Corporate Counsel of Corporate Creations Network Inc., do hereby authorize Regus and all of its staff, including but not limited to Kiara Perez, Annette Nichols, and Cely Garcia to accept and mail all documents, including any and all court documents served or delivered by the court, private server, sheriff, courier, or otherwise on behalf of me and my company, Corporate Creations Network Inc. This authorization includes signing on behalf of myself or Corporate Creations Network Inc. to accept all mail and documents, including court documents served or delivered by the court, private server, sheriff, courier, or otherwise to 2425 W Loop South #200, Houston TX 77027.

HEREBY SEEN AND AGREED:



Trent Bavaro
Vice President & Corporate Counsel
Corporate Creations Network Inc.

6-29-16

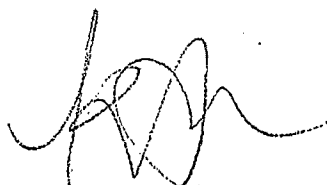
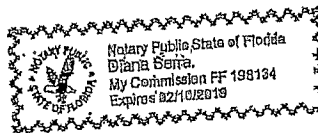
DATE

STATE OF FLORIDA
COUNTY OF PALM BEACH

The foregoing instrument was acknowledged before me this 29th day of June, 2016 by the above named signatory, who is personally known to me or who produced a drivers license or passport as identification and who did take an oath.



Signature of Notary Public



Kiara Perez

Constable Return of Corporation

Cause #: 2016CCV61757

Tracking #: J06689363

In the case of TUCKER, BEVERLY VS MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY a CITATION and attached PETITION was issued by the NUECES COUNTY COURT AT LAW NO. 2 court of NUECES County, and came to hand on the 11 day of January, 2017 at 11:14AM to be delivered at 4265 SAN FELIPE ST STE 1100, HOUSTON, Tx 77027 by delivering to: MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

Service of Corporation

Executed the same in Harris County County, Texas, on the 12 day of January, 2017 at 8:50AM by summoning MASSACHUSETTS MATUAL LIFE INSURANCE COMPANY a Corporation at 4265 SAN FELIPE ST STE 1100, HOUSTON, Texas 77027 By delivering to CORPORATE CREATIONS NETWORK in person the REGISTERED AGENT of said Corporation a true copy of this CITATION, together with the accompanying certified copy of the PETITION

Fee \$ 0.00 due

by Deputy Raymond Wierzbicki

Printed

Deputy Signature

Attempts: 1

Alan Rosen , Constable Precinct #1

Harris County Texas

1302 Preston, 3rd Floor Houston Texas 77002

Case # 2016CCV61757

Case # 2016CCV61757

3. COMPLETE THIS SECTION

Complete items 1, 2, and 3.

Our name and address on the reverse of this card to the back of the mailpiece, if we can return the card to you.

the front if space permits.

Addressed to:

*Chusett Mutual Life
Insurance Co.
Living Registered Agent:
State Operations Network Inc.
San Felipe St. Ste. 1100
Houston, TX 77007-2498*



9401 0116 5225 9885 21

Number (Transfer from service label)

3430 0000 2209 9364

3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☒

☐

B. Received by (Printed Name)

C. Date

D. Is delivery address different from item 1? ☐
If YES, enter delivery address below: ☐

3. Service Type

☐ Adult Signature

☐ Adult Signature Restricted Delivery

☒ Certified Mail®

☐ Certified Mail Restricted Delivery

☐ Collect on Delivery

☐ Collect on Delivery Restricted Delivery

☐ Insured Mail

☐ Insured Mail Restricted Delivery (over \$500)

☐ Priority Mail

☐ Registered Mail

☐ Registered Mail Restricted Delivery

☒ Return Receipt Merchandise

☐ Signature Confirmation

☐ Signature Confirmation Restricted Delivery

☐ Signature Confirmation Restricted Delivery

☐ Signature Confirmation Restricted Delivery

Domestic Return

Filed
2/3/2017 4:05:09 PM
Anne Lorentzen
District Clerk
Nueces County, Texas

CAUSE NO. 2016CCV-61757-2

BEVERLY TUCKER,	§	IN THE COUNTY COURT
	§	
Plaintiff,	§	
	§	
v.	§	AT LAW NO. 2
	§	
MASSACHUSETTS MUTUAL LIFE	§	
INSURANCE COMPANY,	§	
	§	
Defendant.	§	NUECES COUNTY, TEXAS

DEFENDANT'S ORIGINAL ANSWER

Defendant Massachusetts Mutual Life Insurance Company ("MassMutual") files this original answer to Plaintiff's Original Petition (the "Petition") and states:

1. **GENERAL DENIAL.** Subject to such admissions and stipulations as may be made at or before time of trial, MassMutual denies generally and specially the material allegations in the Petition, pursuant to TEX. R. CIV. P. 92, and demands strict proof thereof in accordance with the requirements of the laws of this State.
2. **RELIEF REQUESTED.** MassMutual requests the following relief:
 - (a) That Tucker take nothing by reason of her suit;
 - (b) That MassMutual recover its court costs; and
 - (c) That MassMutual have such other and further relief, both general and special, at law and in equity, to which it may show itself justly entitled.

Respectfully submitted,

By: /s/ Amanda Sotak
Amanda Sotak
State Bar No. 24037530
amanda.sotak@figdav.com
Amber Reece
State Bar No. 24079892
amber.reece@figdav.com

FIGARI + DAVENPORT, LLP
901 Main Street, Suite 3400
Dallas, Texas 75202-3776
Telephone: (214) 939-2000
Telecopy: (214) 939-2090

**ATTORNEYS FOR DEFENDANT
MASSACHUSETTS MUTUAL LIFE
INSURANCE COMPANY**

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing document has been served via the Court's ECF system and by certified mail, return receipt requested to David Klein, P.O. Box 2446, Corpus Christi, Texas 78403 on this, the 3rd day of February, 2017.

/s/ Amanda Sotak
Amanda Sotak